

FIG. 1

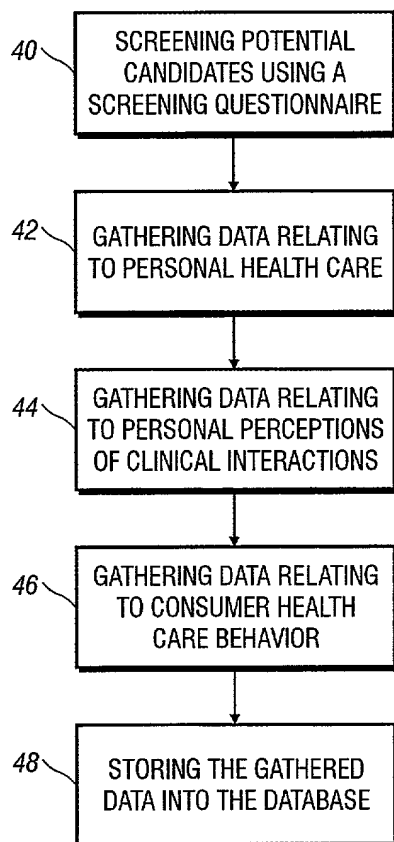


FIG. 2

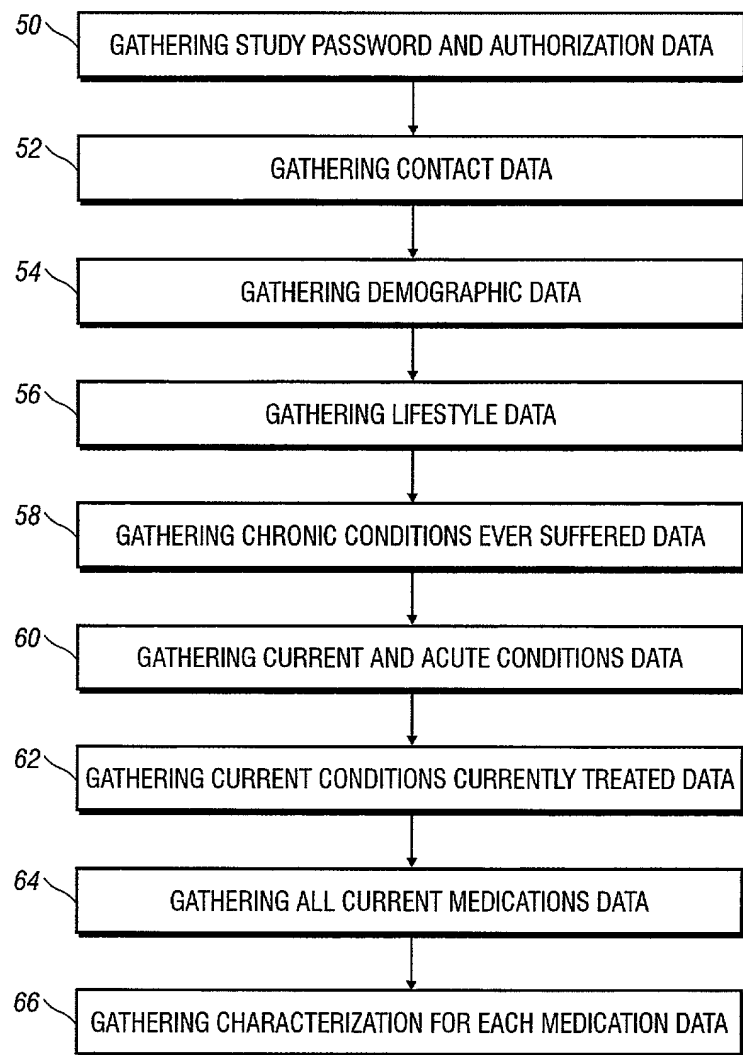


FIG. 3

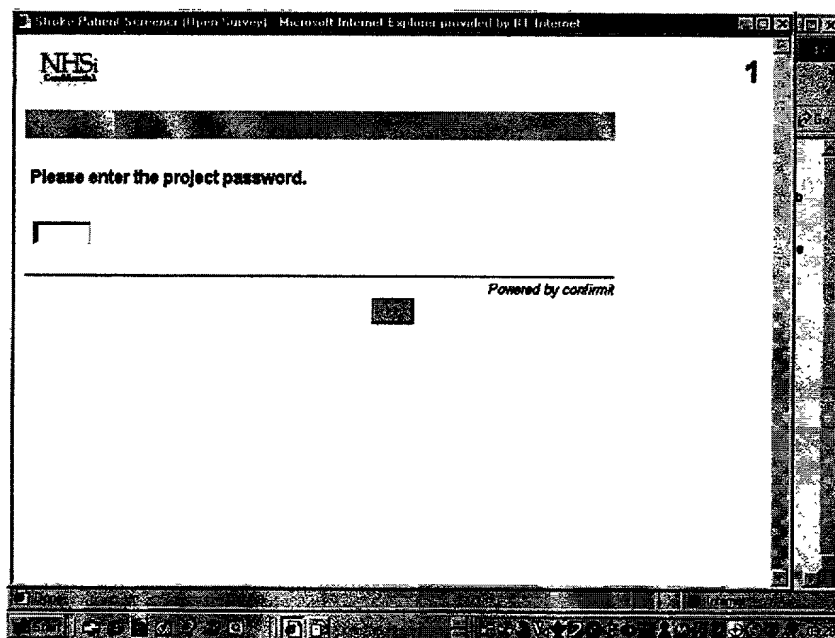


Figure 4A

Figure 4B

0903244.1001
T0700T 44928950

Stroke Patient Science (Open Survey) Microsoft Internet Explorer provided by BT Internet

We may need to contact you by mail, telephone or email. Completing the following questions will allow us to do that when necessary.

This information will, on no account, be passed to third parties.

Name, address and contact details

Index	
Address	
Apartment number or flat	
Street number	
Street name	
Town or city	
State	
Zip code	
Phone	
Mobile	
Other	

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Figure 4C

Stroke Patient Screen (Open Survey) Microsoft Internet Explorer provided by BT Internet

NHS

9

Marital Status

Please choose one option that best describes your current situation. If it is not listed then type in your description next to 'others'.

☐ Married
☐ Single
☐ Widowed
☐ Divorced
☐ Separated
☐ Living with partner
☒ Other specify

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Figure 4D

Stroke Patient Screener (Open Survey) Microsoft Internet Explorer provided by BT Internet

11

What is your race?

Please click on one or more races to indicate what race you consider yourself to be.

☒ White

☐ Black African

☐ Black Caribbean

☐ Asian Indian

☐ Asian Pakistani

☐ Asian Bangladeshi

☐ Asian Chinese

☐ Other Asian

☐ Other race

☐ Mixed White and Black Caribbean

☐ Mixed White and Black African

☐ Mixed White and Asian

☐ Other Mixed

☐ Other Pacific Islander

☐ Other Asian

☐ Other race

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Page: 5 Address: http://www.nhs.uk Col: 1 REC IRP EXT Power by confirmik

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[illegible]

Figure 4F

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14

What is the highest grade, or year of school you completed?

☐ Other Specify:

☐ Unable to answer

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Page 7 of 10 Sec 1 1/1/2007 12:00:00 PM Ln 1 Col 1 REC HPS EXT JOUR HPS

Start

Figure 4G

0962344-1004
TOTOT-4492860

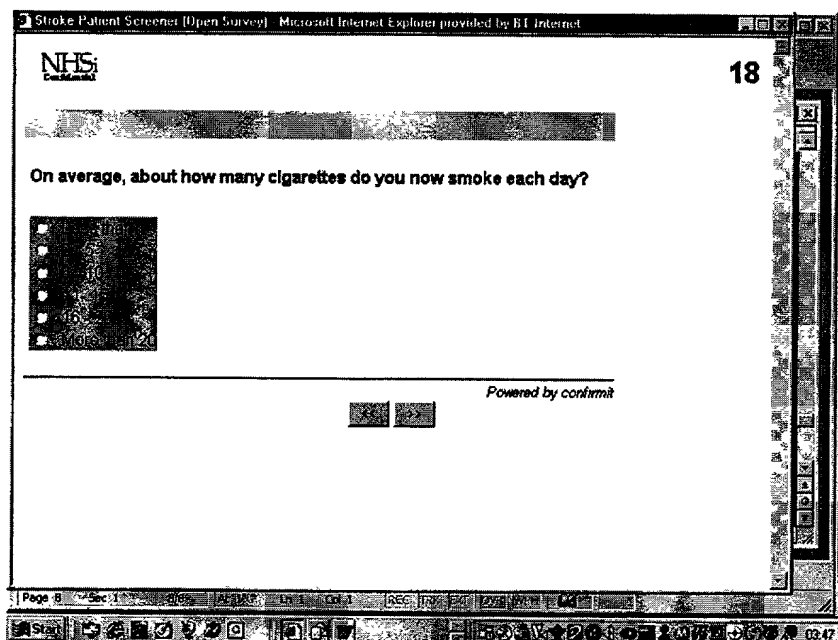


Figure 4H

Stroke Patient Screen (Open Survey) Microsoft Internet Explorer provided by B1 Internet

NHS 27

Which physical activities, or exercises, did you spend the most time doing during the past month?

Describe each exercise in a separate box.

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Figure 4I

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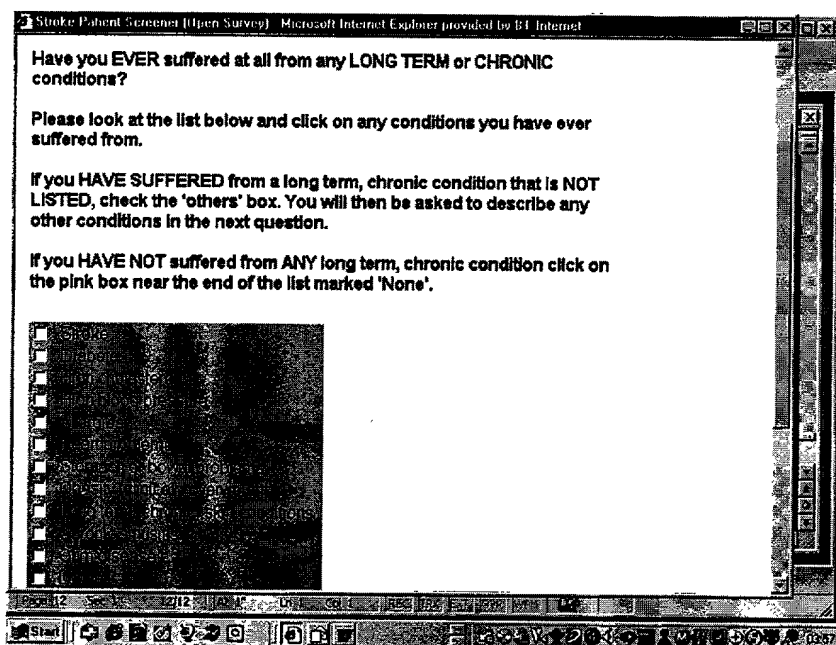


Figure 4K

Figure 4L

0963644-1004
TOTOT-442950

NHS
41

Which conditions do you consider yourself to have CURRENTLY. Select from the list below.

If you are currently suffering from any ADDITIONAL conditions that have not already been listed below please describe them in the 'others' boxes (use one box per condition).

If you have no current conditions please continue to the next question.

	Yes I still have this condition
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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Figure 4M

Stroke Patient Screener (Open Survey) - Microsoft Internet Explorer provided by BT Internet

NHS

114

Please itemise ALL the medications or treatments (of any kind including herbal remedies, homeopathy or other alternative medicine) that you consider yourself to be currently taking.

For each medication, indicate whether it has been prescribed for you by a doctor.

Medication	Choose
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Done

Start

Figure 4N

Stroke Patient Screener (Open Survey) - Microsoft Internet Explorer provided by BT Internet

NHS

115

Look at the list below.

When (month and year) did you start taking each prescribed medication -
If you are unsure choose 'Don't Know'

Have you taken the medication today?

Month Started	Year Started	Yes - I've taken this today
Please select your answer	Please select your answer	<input type="checkbox"/>

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Figure 40

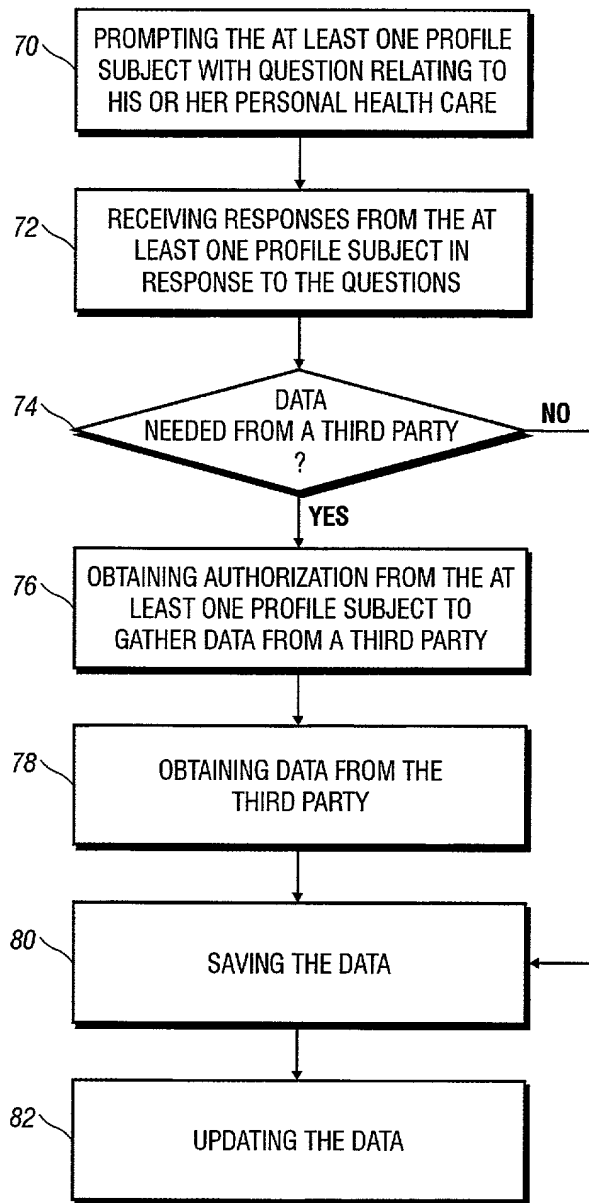


FIG. 5

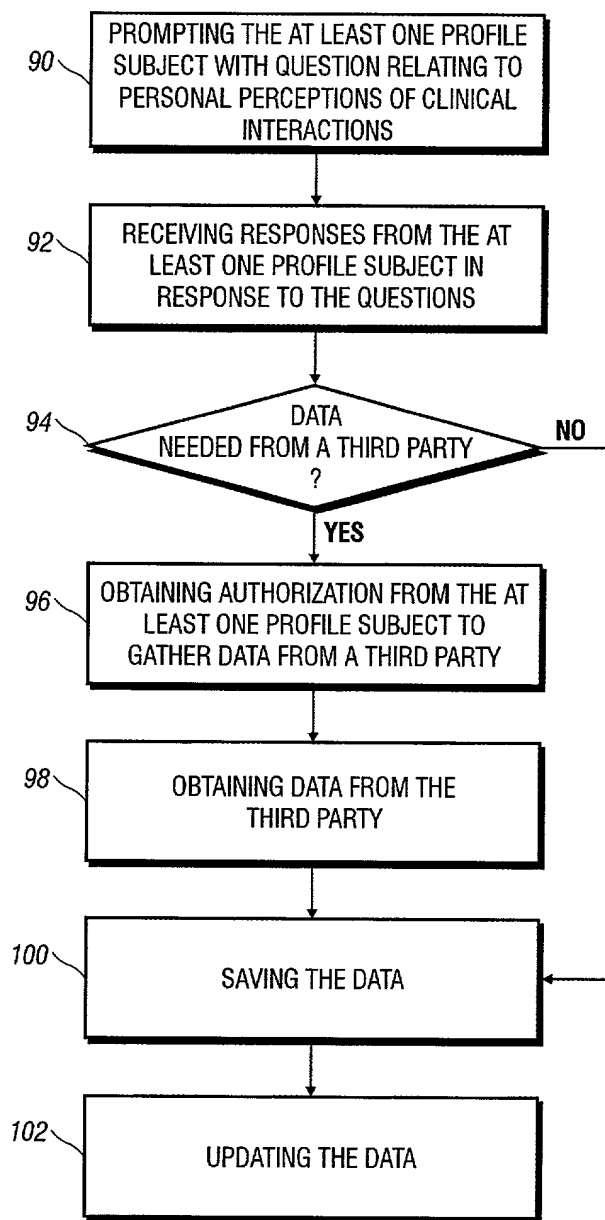


FIG. 6

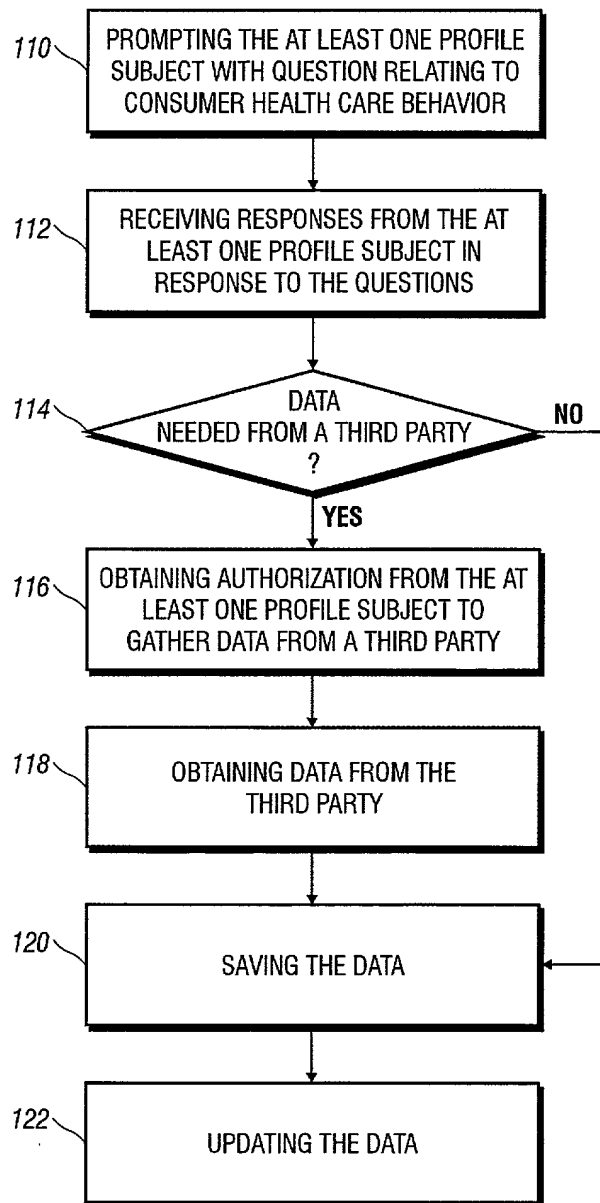


FIG. 7